

Arlington Small Business and Nonprofit Working Capital ARPA Fund Application

Arlington's small businesses and nonprofits are invited to apply for working capital grants, funded by the American Rescue Plan Act (ARPA). Arlington business owners and nonprofit representatives may use this application form to apply for assistance with rent/mortgage payments, payroll expenses, utility bills, insurance expenses, or other costs that can be attributed to COVID-19-related impacts. All businesses and nonprofits located in Arlington, including home-based businesses, are eligible to apply. Operators of Airbnb short-term rentals are not eligible applicants. Ineligible expenses include unpaid taxes, capital expenses (e.g., equipment, furnishings, etc.) or any other cost that cannot be attributed to COVID-19-related impacts. To be considered for assistance, complete the application form by 11:59pm on Friday January 7, 2022.

Applications may be mailed to:

Town of Arlington
Department of Planning and Community Development
Attn: Ali Carter, Economic Development Coordinator
730 Massachusetts Avenue
Arlington, MA 02476

Or you may apply using the online form at surveymonkey.com/r/ArlARPA-SmallBusNP.

We will contact you if you are selected to receive funding.

1. Name _____

2. Phone Number _____

3. Email *Use an email address that is private and that you check often. We will communicate with you primarily through email. If you do not have an email address, call 781-316-3090 and leave a message with your full name, address, and phone number and we will do our best to assist you.* _____

4. Website: _____

5. Primary Business/Nonprofit Address

Address Line 1 _____

Address Line 2 _____

City, State, Zip _____

6. A. If you are a business owner, what is the business structure?

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Limited Liability Company

- ☐ Corporation
- ☐ Other: _____

B. Business Type

- ☐ Personal Services
- ☐ Retail
- ☐ Professional Services
- ☐ Food/restaurant
- ☐ Other: _____

C. Are you a home-based business:

- ☐ Yes
- ☐ No

D. Is your business:

- ☐ Minority-owned
☐ Women-owned
☐ Veteran-owned
☐ LGBTQ-owned
☐ Other ownership status: _____

7. A. If you are a nonprofit organization, what is the nonprofit structure?

- ☐ 501 (c)(3) ☐ 501 (c)(8)
☐ 501 (c)(6) ☐ Other: _____
☐ 501 (c)(7)

B. Nonprofit Type (Check all that apply.)

- ☐ Arts and Culture
☐ Health and Public Services
☐ Housing Provider
☐ Religious Organization
☐ Other: _____

C. Staff leadership and Board Officers (attach additional information if necessary)

 Name, Title

 Name, Title

 Name, Title

 Name, Title

 Name, Title

8. Do you have a DUNS Number?

- ☐ Yes: _____
☐ No

9. Use of Grant Funds: Please list the proposed uses of working capital assistance in the table below. It is not required to request funds in all categories.

Use of Grant Funds	Dollar Amount
Rent/Mortgage (please complete section 11)	\$
Employee Wages (please complete section 10)	\$
Utilities (please complete section 12)	\$
Inventory Loss (please complete section 12)	\$
Insurance (please complete section 12)	\$
Other (please list below and complete section 12):	\$
	\$
	\$
	\$
	\$
	\$
Total Grant Request	\$

10. Employee Information (skip if not requesting funds for employee wages)

Please fill out this section if you are requesting funds to cover employee wages.

A. How many employees did you have before 3/1/20?

Full time: _____ Part time: _____

B. How many employees do you have now?

Full time: _____ Part time: _____

Document Attachments: Please attach employee payroll report with this application.

11. Rent or mortgage information (skip to question 12 if not requesting funds for rent or mortgage payments).

A. Do you rent the space you occupy?

☐ Yes

☐ No—skip to section B. of this question to enter mortgage information.

Amount of monthly rent: \$ _____ *(the monthly amount listed on your lease)*

How many months of assistance are you requesting? _____

Landlord Name/Company: _____

Landlord Phone: _____

Landlord email address: _____

B. Do you own the space you occupy?

☐ Yes

☐ No—return to section A of this question to enter rental information or skip to question 12.

What type of property do you own

☐ Home (for home-based businesses only)

☐ Condo in multi-unit office condo building

☐ Commercial building (entire building is owned by applicant)

▪ # of tenants aside from business owner: _____

Amount of monthly mortgage: \$ _____

Loan Servicer Name: _____

Loan Servicer Contact Person: _____

Loan Servicer Phone: _____

Loan Servicer Email Address: _____

How many months of assistance are you requesting? _____

Is this your only location?

☐ Yes

☐ No—If no, how many other locations does your business have? _____

Please list other locations: _____

Document Attachments: Please attach a copy of your lease (or letter from landlord evidencing your monthly rent payment) OR your most recent mortgage statement with this application. Please also include a copy of your most recent rent or mortgage payment (i.e., canceled check or online transaction).

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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13. Supplemental Questions

The following questions are being collected for data collection purposes only. They do not affect your eligibility for assistance or your chances of being selected.

A. Which of the following describe your race? (Check all that apply.)*

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other: _____

B. Are you Hispanic or Latinx? *

- ☐ Yes
- ☐ No

C. What is your preferred language?

- ☐ English
- ☐ 中文/ Chinese
- ☐ 日本語/ Japanese
- ☐ Español/ Spanish
- ☐ Français/ French
- ☐ Other: _____

D. Do you need help connecting to other service providers? If yes, please specify:

- ☐ Yes (Please Explain _____)
- ☐ No

Please note that the Town of Arlington will not share your information with other service providers without your consent.

E. Since March of 2020, have you received assistance for rental, mortgage, payroll, and/or utility assistance?

- ☐ Yes (Which sources/programs did you receive assistance from? _____)
- ☐ No

Affidavit

I, the above-named individual, declare under the pains and penalties of perjury that the foregoing statements are true, correct, and accurate to the best of my knowledge and ability Recipient agrees that the funds disbursed under this award will only be used for the purposes set forth in this application. I acknowledge and accept that submission of this application does not guarantee receipt of funds from the Arlington Small Business and Nonprofit Working Capital ARPA Fund. I acknowledge that if I am selected to receive funding through this program, it will be used only for eligible expenses.

Signature: _____

If applicable: Signature of assigned representative completing this form:

I completed this form on behalf of, and with permission from, the above-named individual.

Signature: _____

Note on the Arlington Small Business and Nonprofit Working Capital ARPA Fund:

The Arlington Small Business and Nonprofit Working Capital ARPA Fund is funded by \$750,000 from the Town of Arlington's grant from the Coronavirus State and Local Fiscal Recovery Fund (SLFRF) of the American Rescue Plan Act of 2021. The program is administered by the Town of Arlington Department of Planning and Community Development. The Town of Arlington is committed to your privacy and will only share your information with our contractors as needed for the administration of this program. If you are selected and approved, your application may be subject to a monitoring by the Town and U.S. Treasury in order to meet program requirements. Your information will not be shared outside of the Town.